



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the **Secretary of State** - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 40209		2. Exact name of the Corporation LOU PELOSI CONTRACT SERVICES, INC.			
3. Principal office address 350 Wellington Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-461-3368			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LOUIS PELOSI			Vice-President Name LOUIS PELOSI		
Street Address 200 Cannon Street Unit 129			Street Address 200 Cannon Street Unit 129		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name LOUIS PELOSI			Treasurer Name LOUIS PELOSI		
Street Address 200 Cannon Street Unit 129			Street Address 200 Cannon Street Unit 129		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 Shares	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

Signature of Authorized Representative

2/12/16
Date

LOUIS PELOSI

Print or Type Name of Authorized Representative

FEB 15 2016
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